



South Coast Air Quality Management District

Form 400-CO

Application For Change Of Operator

Mail Application To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765

Tel: (909) 396-3385

www.aqmd.gov

Note: A Change Of Operator Permit can only be issued if **BOTH** of the following conditions apply:



- ① The Existing permit is still active or can be reinstated to an active status.
- ② The Equipment is operated at the same location as listed in the existing permit.

Section A: Previous Operator's Information			
1. Business Name of Operator <u>As It Appears</u> on the Permit:		2. Current AQMD Facility ID#. (Available on Permit or Invoice issued by AQMD):	
Section B: New Operator's Information			
3. Business Name of Operator <u>As It Should Appear</u> on the Permit:			
4. Owner's Business Name (If different from Business Name of Operator):			
Section C: Equipment Location Address		Section D: Permit Mailing Address	
5. Equipment Site Location Address: (For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site)		6. Permit and Correspondence Information: Check here if same as equipment location address	
Street Address		Street Address	
City CA, State Zip Code ---		City State Zip Code ---	
Nearest Cross Street:			
County: Los Angeles Orange San Bernardino Riverside			
Contact Name:		Contact Name:	
Contact Title: Phone:		Contact Title: Phone:	
Fax: E-Mail:		Fax: E-Mail:	
Section E: Facility Business Information			
7. What business is conducted at this equipment site location?		8. What is your primary NAICS Code (North American Industrial Classification System)?	
		+	
9. Are you a small business as per AQMD's Rule 102 definition (10 employees or less and total gross receipts are \$500,000 or less or a not-for-profit training center)?			
No Yes			
Section F - Information on Permit to be Transferred to New Operator			
10. Is this facility going thru a partial change of operator? No Yes			
FOR NON-RECLAIM APPLICATION		FOR RECLAIM APPLICATION	
11. Application number:		13. For RECLAIM Facilities(see accompanying instruction sheet for additional information) Also submit Form 2007-1, Form 2007-2 and if applicable, Form 2007-3, together with a separate filing fee for the transfer of RTC as per Rule 301 (0)(9). Device number or range of device numbers for the permitted item: RECLAIM Application No:	
12. Permit Number: (Please attach a copy)			
Section G - Signature and Authorization for Change of Operator			
Previous Operator	I HEREBY AGREE TO TRANSFER OWNERSHIP OF THE PERMITTED EQUIPMENT AS SPECIFIED ABOVE, FOR THIS FACILITY, TO THE NEW LEGAL OPERATOR, IDENTIFIED IN SECTION B.		Checklist Form signed? Payment attached? Copy of existing permit attached?
	14. Signature of Responsible Official: _____		
15. Title of Signer: _____		16. Date: _____	
		17. Phone: _____	
New Operator	18. Signature of Responsible Official: _____		20. Date: _____
	19. Title of Signer: _____		21. Phone: _____

AQMD USE ONLY		APPLICATION/TRACKING #		TYPE B C D	EQUIPMENT CATEGORY CODE:		FEE SCHEDULE: \$	VALIDATION	
ENG. A R	ENG. A R	CLASS I III IV	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #		AMOUNT \$	Tracking #		